Nevada Office of HIV
Nevada Ryan White Part B Program
Ryan White Dental Insurance Enrollment Primer

Scope of Coverage

Directly applicable to Ryan White Part B (RWPB). Funding and program management is directly housed in the State of Nevada Office of HIV (OoH) through the Health Resources and Services Administration (HRSA) service category Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals (HIP-CSAP).

Purpose of Primer

To assist with correct and secure submission of client dental insurance enrollment forms from subrecipients to OoH. This document will serve as a step-by-step instruction guide for uploading confidential client enrollment forms to a secure website so that OoH can enroll these clients with Liberty Dental, the provider of our dental program insurance.

Background

HIP-CSAP provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/ Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

To use Ryan White HIV/AIDS Program (RWHAP) funds for standalone dental insurance premium assistance, a RWHAP Part B recipient must implement a methodology that incorporates the following requirement:

- RWHAP Part B recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing standalone dental insurance is cost effective in the aggregate and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective.

Process

Step 1. Eligibility Specialists will fill out the Dental Insurance Enrollment Form as part of the Universal Eligibility packet for those clients enrolling in dental coverage. Please view the Sample

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Demographic Field below then view the Form Requirements in order to correctly complete step 1 of the Dental Form.

Current Ryan White Eligibility	**Start Date: 01/01/2019**		**End Date: 06/01/2019**
Eligibility Specialist Name: SARA SMITH			**Direct Phone Number: (775)-123-4567**
Client Legal Last Name: COOK	**Client Legal First Name: JOHN**		**Gender: MALE**
URN: JHCO0102831U	**Emergency Dental Request (see above note):** ☐ Yes		
Date of Birth: 01/02/1983	**Phone Number: (775)-456-7890**		
Language Preference: ☒ English ☐ Spanish ☐ Other:	**SSN or TIN*:** 000-00-0000		
Home Address: 123 WATER DR.	**City:** RENO	**State:** NV	**Zip:** 89512
Mailing Address ** *(if different than home):* 456 AIR LANE	**City:** RENO	**State:** NV	**Zip:** 89511

Each category must be filled in except, when applicable, the Emergency Dental Request. Please fill this category in only if it is an emergency request. The SSN or TIN category will be used for verification of other health benefits. This category may be left open if the client does not have an SSN or TIN.

Dental Form Requirements

Field Name	Requirement	Format
Start Date	Yes	00/00/0000 (month/day/year)
End Date	Yes	00/00/0000 (month/day/year)
Eligibility Specialist Name	Yes	First & Last Name
Direct Phone Number	Yes	(area code)-000-0000 ext. 0000
Client Legal Last Name	Yes	All Caps
Client Legal First Name	Yes	All Caps
Gender	Yes	All Caps
URN	Yes	All Caps
Emergency Dental Request	No	Check Box if Needed
Date of Birth	Yes	00/00/0000 (month/day/year)
Phone Number	Yes	(area code)-000-0000 ext. 0000
Language Preference	Yes	Check Box
SSN or TIN*	Yes, if client has one	SSN: 000-00-0000 TIN: 00-0000000
Home Address	Yes	All Caps
City	Yes	All Caps
State	Yes	All Caps
Zip	Yes	00000
Mailing Address	Yes	All Caps
City	Yes	All Caps

State	Yes	All Caps
Zip	Yes	00000

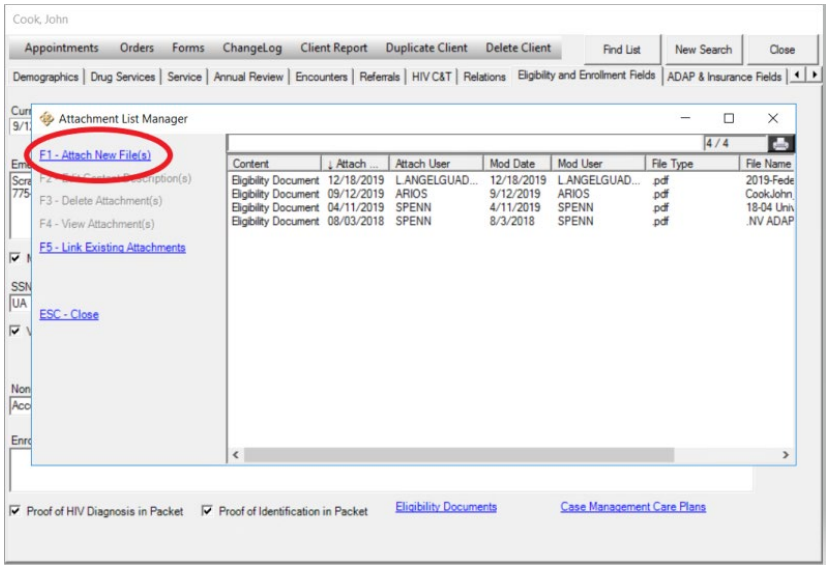
Step 2. In order to complete step 2 of the Dental Form the client must read the form, check the boxes and sign the form.

Please check all boxes below showing that you understand and agree to the following program requirements:

- ☐ I understand that in order to receive dental services I will complete my annual certification and re-certification in the time frame established by the Ryan White Program in order to remain eligible for dental services.
- ☐ I understand that in order to receive dental services I must have one dental prevention service every six months.
- ☐ I understand that failure to receive one dental prevention service every six months may lead to discontinuation of dental services.
- ☐ I fully understand that by completing this form, I am divulging personal information that will be used to assist me with benefits associated with the Nevada Medication Assistance Program.
- ☐ I understand this information will be kept confidential but will be used by staff to review my eligibility for this program.

Client Signature: _____ Date: _____

Step 3. The form must be included with the eligibility documents in CAREWare.



Now that the Dental Form is complete, please follow the below steps to properly send the form electronically to OoH for processing:

The subrecipient will designate a lead case manager and a backup, who will be responsible for entering information into the Liberty Dental website. These managers will also be responsible for

updating information for clients once they have been entered into the system. Find information regarding entering the client in the Insurance Referral Procedure 21-01.

Once the client has been entered, dental forms must be uploaded to CAREWare Part B and into the client's attachments. If you do not have direct access to CAREWare Part B, then you will work with your partner organization to have them upload the documents. See the Insurance Referral Procedure 21-01 for which Part B organization you send the documentation.

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